

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46068

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12571

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>				c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHRISTIAN HOSPITAL</u>				Length of stay in lb <u>LIFE</u>		d. STREET ADDRESS <u>4462 - FARLIN - AV.</u>	
3. NAME OF DECEASED (Type or print) <u>THOMAS - FRANK - LUBIEWSKI</u>				4. DATE OF DEATH <u>DEC. 28TH 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY. 22ND 1894</u>	
9. AGE (In years last birthday) <u>63 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CEMENTER-OF-SOLE-LEATHER</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS - MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>THOMAS - LUBIEWSKI</u>				13b. MOTHER'S MAIDEN NAME <u>CATHERINE - SCHRAMBEK</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE C. LUBIEWSKI</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD-WAR #1.</u>				16. SOCIAL SECURITY NO. <u>489-01-4263</u>		17. INFORMANT Address <u>ALICE C. LUBIEWSKI - 4462 - FARLIN - AV.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Endocarditis & Chronic Hypertension.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mon.</u>	
Conditions, if any, which gave rise to above cause (a), starting the under- lying cause last.						DUE TO (b) _____ DUE TO (c) <u>421.4</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) : _____						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from <u>Oct 3 1957</u> to <u>Dec 28-57</u> and last saw her alive on <u>Dec. 27-57</u> Death occurred at <u>6:45 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a: SIGNATURE <u>Dr. J. B. Smith</u> (Degree or title)				22b. ADDRESS <u>3700 N Grand</u>		22c. DATE SIGNED <u>Dec 28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC. 31ST 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY.</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS - MO.</u>	
24. FUNERAL DIRECTOR <u>Brockland Und. Co.</u> ADDRESS <u>= 1827 - HOGAN-ST</u>				25. DATE RECD. BY LOCAL REG. <u>DEC 30 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> <u>M. J. B.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.